Fill in this informati	on to identify your case:	
Debtor 1	Andre T Lampkins	_
Debtor 2 Erica M Lampkins (Spouse, if filing)		-
United States Bank	cruptcy Court for the: SOUTHERN DISTRICT OF OHIO - EASTERN DIVISION (COLUMBUS)	_
_	2:12-bk-51816	Check if this is:
(If known)		An amended filing
		A supplement showing post-petition chapte 13 income as of the following date:

Official Form B 6I

Schedule I: Your Income

12/13

MM / DD/ YYYY

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
		■ Employed	■ Employed	
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed	
employers. Include part-time, seasonal, or self-employed work.	Occupation	Community & Small Business Mgr	Center Director	
Occupation may include student or homemaker, if it applies.	Employer's name	Vermont Energy Investment Corp	Kindercare Learning Center	
·	Employer's address	128 Lakeside Avenue Burlington, VT 05401	520 Morrison Rd Columbus, OH 43230	
	How long employed the	here? Since May, 2013	18 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		Debtor 2 or filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	6,263.08	\$	4,424.37
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$ _	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	6,263.08	\$_	4,424.37

Official Form B 6I Schedule I: Your Income page 1

Deb ^o	tor 1 tor 2	Andre T Lampkins Erica M Lampkins		Case r	number (<i>if known</i>)	2:12-b	k-51816	
	Cor	by line 4 here	4.	For \$	Debtor 1 6,263.08		ebtor 2 or ling spouse 4.424.37	
_	-			·—	0,200.00	· —	.,	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,420.33	\$	642.57	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$	28.90 0.00	\$	45.63 65.00	
	5e.	Insurance	5e.	\$	0.00	\$	481.35	
	5f.	Domestic support obligations	5f.	\$	434.13	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,883.36	\$	1,234.55	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,379.72	\$	3,189.82	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	•	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.		8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$,379.72 + \$	3 18	9.82 = \$ 7,569	54
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-		-	0,.0	1,000	
11.	Inclionation of the other of th	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen	•		•		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	
13.	Do	you expect an increase or decrease within the year after you file this form?	?				monthly inco	me
		No.						
		Yes. Explain:						

Fill	in this information to identif	y your case:				
Deb	otor 1 Andre T L	ampkins		Chec	k if this is:	
	7.11.0.1.2				An amended filing	
Deb	otor 2 Erica M La	ampkins			A supplement show	ving post-petition chapter
(Spo	ouse, if filing)	•			13 expenses as of	the following date:
ļ., .,			UO FACTERNI		5/12/2015	
Unit	ted States Bankruptcy Court for	the: SOUTHERN DISTRICT OF OH DIVISION (COLUMBUS)	IO - EASTERN	ſ	MM / DD / YYYY	
	2:12-bk-5181 nown)	6			A separate filing fo 2 maintains a sepa	r Debtor 2 because Debto rate household
O	fficial Form B 6.	J				
So	chedule J: You	r Expenses				12/1:
Be info	as complete and accurate	e as possible. If two married people s needed, attach another sheet to th				
Par 1.	t 1: Describe Your Houle Is this a joint case?	usehold				
	☐ No. Go to line 2.					
	■ Yes. Does Debtor 2 li	ive in a separate household?				
	■ No					
		must file a separate Schedule J.				
	Tes. Debior 21	must me a separate Schedule 3.				
2.	Do you have dependent	s? □ No				
	Do not list Debtor 1 and Debtor 2.	■ Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.		Son		17	□ No ■ Yes
	dopondonto namos.					□ No
			Daughter		19	■ Yes
			Daughter		19	□ No ■
			Daugittei			■ Yes □ No
						☐ Yes
3.	Do your expenses include expenses of people other yourself and your dependent.	er than				
		going Monthly Expenses				
exp		of your bankruptcy filing date unless he bankruptcy is filed. If this is a su				
the		ith non-cash government assistanc and have included it on <i>Schedule</i> a			Your exp	enses
4.	The rental or home own payments and any rent fo	ership expenses for your residence r the ground or lot.	e. Include first mortgage	4. \$		1,459.04
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
		ner's, or renter's insurance		4b. \$		0.00
		e, repair, and upkeep expenses		4c. \$		85.00
_		ciation or condominium dues		4d. \$		0.00
5.	Additional mortgage pay	yments for your residence, such as	nome equity loans	5. \$		0.00

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		e T Lampkins M Lampkins	Case num	ber (if known)	2:12-bk-51816
6.	Utilities:				
	6a. Elect	city, heat, natural gas	6a.	\$	285.00
		, sewer, garbage collection	6b.	\$	155.00
		none, cell phone, Internet, satellite, and cable services	6c.	\$	515.00
		Specify:	6d.		0.00
7.		busekeeping supplies	7.	\$	1,010.00
8.		nd children's education costs	8.	\$	0.00
9.	-	undry, and dry cleaning	9.	\$	370.00
		re products and services	10.	\$	125.00
11.		dental expenses	11.	\$	325.00
12.		ion. Include gas, maintenance, bus or train fare. de car payments.	12.	\$	595.00
13.		ent, clubs, recreation, newspapers, magazines, and books	13.	*	84.17
14.		contributions and religious donations	14.	· -	0.00
	Insurance.	on in Sanono ana rongious donacións		<u> </u>	0.00
		de insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life ir	surance	15a.	\$	0.00
	15b. Healt	insurance	15b.	\$	0.00
	15c. Vehic	e insurance	15c.	\$	269.00
	15d. Other	insurance. Specify:	15d.	\$	0.00
	Specify:	ot include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.		or lease payments:		•	
		ayments for Vehicle 1	17a.	*	0.00
		ayments for Vehicle 2	17b.	·	0.00
	17c. Other		17c.		0.00
	17d. Other		17d.	\$	0.00
18.		ints of alimony, maintenance, and support that you did not report as	18.	\$	0.00
19		om your pay on line 5, Schedule I, Your Income (Official Form 6I). ents you make to support others who do not live with you.	10.	\$	225.00
10.	Specify: S		19.	Ψ	223.00
20		roperty expenses not included in lines 4 or 5 of this form or on Sche		our Income	
20.		ages on other property	20a.		0.00
	20b. Real		20b.	·	0.00
		rty, homeowner's, or renter's insurance	20c.		0.00
	•	enance, repair, and upkeep expenses	20d.	· -	0.00
		owner's association or condominium dues	20e.		0.00
21	Other: Spe		21.	*	35.00
	School lu			+\$	235.00
	Pet Exper			+\$	55.00
		es (Pay to Play & Travel)		+\$	185.00
		igue Travel Fees (Children's Travel)		+\$	125.00
		g for Adopted Daughter		+\$	500.00
	Counsein	g for Adopted Daughter	_	-Ψ	300.00
22.		ly expenses. Add lines 4 through 21. your monthly expenses.	22.	\$	6,637.21
23.		our monthly net income.			
		ine 12 (your combined monthly income) from Schedule I.	23a.	· -	7,569.54
	23b. Copy	your monthly expenses from line 22 above.	23b.	-\$	6,637.21
		act your monthly expenses from your monthly income. sult is your monthly net income.	23c.	\$	932.33
24.	For example,	ect an increase or decrease in your expenses within the year after you lo you expect to finish paying for your car loan within the year or do you expect your matheterms of your mortgage?			se or decrease because of a

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United States Bankruptcy Court Southern District of Ohio - Eastern Division (Columbus)

	Andre T Lampkins			
In re	Erica M Lampkins		Case No.	12-51816
		Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S AMENDED SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing AMENDED schedules, consisting of _____4 ___ sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date __May 12, 2015 _____ Signature ____ /s/ Andre T Lampkins _____ Debtor Date __May 12, 2015 _____ Signature ____ /s/ Erica M Lampkins _____ Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATE OF SERVICE

I certified that on May 18, 2015, I served the foregoing **AMENDED SCHEDULES, DECLARATION THEREOF** and this Certificate of Service upon the parties listed below, via the EM/CMF electronic notice system:

Frank M. Pees trustee@ch13.org

Asst US Trustee (Col)

Gregory D Delev

Mary E Krasovic

Brian M Gianangeli

Recovery Management Systems Corporation

ustpregion09.cb.ecf@usdoj.gov
bankruptcy@delevlaw.com
bankruptcy@mdk-llc.com
bgianangeli@mifsudlaw.com
claims@recoverycorp.com

And on May 18, 2015, by hand delivery, email and/or by placing true and correct copies of the **AMENDED SCHEDULES, DECLARATION THEREOF** and this Certificate of Service in a sealed envelope with postage thereon fully prepaid, in the United States Mail addressed as follows:

Andre T. Lampkins Erica M. Lampkins 964 Harrier Place Reynoldsburg, OH 43068

DATED: May 18, 2015	/s/ Gregory S. Pope
_	Gregory S. Pope (0065081)